10/761,332

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BHT - 3/67 - /75

| CLAIMS AS FILED - PART I                                                              |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       | SMALL E      | NTITY                  | •       | OTHER               | RTHAN                  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|-----------------------------------|-------------|------------------|-------|--------------|------------------------|---------|---------------------|------------------------|
| -                                                                                     | 2744 64 4446                                                                                                                                                                                                                         | <del></del>                               | (Column 1)          |                                   | (Colu       | column 2)        |       | TYPE [       |                        | OR      |                     | ENTITY                 |
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                      |                                           | 14                  |                                   |             |                  | ŀ     | RATE         | FEE                    | 7       | RATE                | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                      |                                           | NUMBER FILED        |                                   | NUME        | IBER EXTRA       |       | BASIC FE     | E 385.00               | OR      | BASIC FEE           | 770.00                 |
| TO                                                                                    | TAL CHARGE                                                                                                                                                                                                                           | ABLE CLAIMS                               | // minus 20= *      |                                   | • -         | • -              |       | X\$ 9=       |                        | OR      | X\$18=              |                        |
| -                                                                                     | DEPENDENT C                                                                                                                                                                                                                          | <del></del>                               | minus 3 =           |                                   |             |                  |       | X43=         |                        | OR      | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       | +145=        |                        | OR      | +290=               | ·                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  | TOTAL |              | OR                     | TOTAL   | 7.20                |                        |
|                                                                                       | 121/08                                                                                                                                                                                                                               |                                           | SMALL               | ENTITY                            | OR          | OTHER<br>SMALL   |       |              |                        |         |                     |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY | PRESENT<br>EXTRA |       | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                | · ( <i>p</i>                              | Minus               | -0                                | $\bigcirc$  | =                |       | X\$ 9=       |                        | OR      | X\$18=              |                        |
|                                                                                       | Independent<br>FIRST PRESE                                                                                                                                                                                                           | * NTATION OF M                            | Minus<br>ULTIPLE DE | PENDENT                           | CLAIM       |                  | ·     | X43=         |                        | OR      | X86=                |                        |
| <u> </u>                                                                              |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       |              |                        | OR      | +290=               |                        |
|                                                                                       |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       |              |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       |              |                        |         |                     |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY  | PRESENT<br>EXTRA |       | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                | *                                         | Minus               | **                                |             | =                |       | X\$ 9=       |                        | OR      | X\$18=              |                        |
|                                                                                       | Independent                                                                                                                                                                                                                          | *<br>NTATION OF ML                        | Minus               | ***                               | CI AINA     | =                |       | X43≕         |                        | OR      | X86=                |                        |
|                                                                                       |                                                                                                                                                                                                                                      |                                           | CHI OL DE           | ENDENT                            | COAIN       | ·  -             |       | +145=        |                        | OR      | +290=               |                        |
|                                                                                       |                                                                                                                                                                                                                                      | L                                         | TOTAL               | 7                                 | OR          | TOTAL            |       |              |                        |         |                     |                        |
|                                                                                       |                                                                                                                                                                                                                                      | (Column 1)                                |                     | (Colum                            | n 2)        | (Column 3)       | A     | DDIT. FEE    |                        | , ,     | ADDIT. FEE          |                        |
|                                                                                       | `                                                                                                                                                                                                                                    | CLAIMS                                    |                     | HIGHE                             | ST          |                  | г     |              | 400:                   | r       |                     |                        |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                      | REMAINING<br>AFTER<br>AMENDMENT           |                     | PREVIOL<br>PAID F                 | JSLY        | PRESENT<br>EXTRA |       | RATE         | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                | *                                         | Minus               | **                                |             | <b>=</b>         | ſ     | X\$ 9=       |                        | ا م     | X\$18=              |                        |
|                                                                                       | Independent                                                                                                                                                                                                                          | •                                         | Minus               | ***                               |             | =                | ŀ     |              |                        | OR      |                     |                        |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                          | NTATION OF MU                             | LTIPLE DEP          | ENDENT (                          | CLAIM       |                  | · ⊩   | X43=         |                        | OR      | X86=                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                      |                                           |                     |                                   |             |                  |       |              |                        |         |                     |                        |
| H                                                                                     | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                     |                                   |             |                  |       |              |                        |         |                     |                        |
| T                                                                                     | ne "Highest Numi                                                                                                                                                                                                                     | ber Previously Paid                       | For* (Total or      | Independen                        | t) is the h | nighest number   | foun  | d in the app | ropriate box           | in colu | mn 1.               |                        |